

# **GOVERNING BODY MEETING** held in public

**29 March 2017**

**Agenda Item 5.3**

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<b>Paper Title</b>	<b>Meeting the Clinical Commissioning Group duties relating to Equality and Diversity: Progress Report 2016-17</b>
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## **APPENDIX B**

**Equality and Diversity Plan 2017-19 (draft)**



**Eastern Cheshire**  
Clinical Commissioning Group

# Equality & Diversity Plan

2017 – 2019

DRAFT



*Inspiring Better  
Health and Wellbeing*

## DOCUMENT CONTROL

Description	Comment
<b>Title</b>	Equality and Diversity Plan 2017-19
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<b>Review Date</b>	March 2019
<b>Responsible Person / Owner</b>	Head of Corporate Services
<b>Publish on Public Website</b>	Yes
<b>Constitutional Document:</b>	
<b>Requires an Equality Impact Assessment</b>	

## AMENDMENT HISTORY

Ver	Date	Comment on changes
1	13/3/17	1 <sup>st</sup> version created
2	16/3/17	Final version incorporating amendments suggested by various colleagues
3		

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## 1. Introduction

- 1.1. Equality is about creating a fairer society where everyone can participate and has the opportunity to fulfill their potential. Equality means treating individuals in a way that is appropriate to their needs, with dignity and worth regardless of their protected characteristics. Diversity builds on equality and focuses on how individual differences and their strengths can be valued for the benefit of both society and the individual.
- 1.2. One of the key principles of the NHS Constitution<sup>1</sup> is that *'the NHS provides a comprehensive service, available to all - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population'*.
- 1.3. This principle is often summarised in terms of:
  - equal access to services
  - equal treatment
  - equal health outcomes
- 1.4. The Equality and Diversity Plan for NHS Eastern Cheshire Clinical Commissioning Group (CCG) reinforces this principle and is the first step in outlining our approach to equality and diversity and ensuring our compliance with the Public Sector Equality Duty<sup>2</sup> and the Human Rights Act<sup>3</sup>. It highlights the national and local drivers that will shape our approach and commitment to valuing the diversity of service users and employees.
- 1.5. This Plan is one of our enabling documents that guides us in the delivery of our organisational vision, values and principles. This includes ensuring that our local services are transformed through meaningful engagement and partnership working with our patients, carers, local communities, local authority, the voluntary, charity and faith sector and provider organisations.
- 1.6. We recognise and take seriously our responsibilities and duties under the Equality Act 2010<sup>4</sup>, described in further detail in Section Three. In particular we note the need to have due regard to equality analysis in our decision making, commissioning, procurement and service delivery.

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<sup>1</sup> [The NHS Constitution](#)

<sup>2</sup> [Public Sector Equality Duty](#)

<sup>3</sup> [Human Rights Act \(1998\)](#)

<sup>4</sup> [Equality Act 2010](#)

## 2. Our vision, aims and values

2.1. ***“Inspiring better health and wellbeing”*** is the CCG’s vision and reflects our desire to bring a new approach to commissioning healthcare in Eastern Cheshire by working with our patients, carers, communities and stakeholders.

2.2. The vision is supported by a set of values that embody the culture and style of working that enables the CCG to become an organisation that local communities, member practices and staff can be proud of.

- **Valuing People**

*Listening to and respecting the public, patients’ communities and staff*

- **Working Together**

*To deliver the right care, in the right place at the right time*

- **Innovation**

*Creating the culture and environment that inspires and supports good ideas*

- **Quality**

*Striving for the best possible care to achieve the best outcomes*

- **Investing Responsibly**

*Making the right decisions for the best value, affordable healthcare*

2.3. Developing an inspiring, inclusive and successful place to work is at the centre of our commitment to our practices and staff that work for us. We have established five principles that we consider as essential “foundation blocks” in determining what is core work for us, and what we believe is important to seek external support for. These are:

- **Clinical leadership** - the CCG is clinically led through its 23 practices, held in high esteem by all clinicians, valued and respected by communities and supported by a lean and supportive management team

- **Local experts in health needs and improving health outcomes** - our practices are the greatest source of knowledge and expertise in understanding local health needs and leading improvement in health outcomes, working closely with a variety of partners

- **Local leadership and community engagement** - the CCG is the local leader of the NHS, working in partnership with stakeholders, local communities and patients to shape our future.

- **Expertise in local provider relations and quality improvement** - building effective and strong relationships with our key providers is central to a successful commissioning organisation. Successful local provider relationships encourage a shared commitment to continuously improving quality of care for our communities

- **Local assurance in finance, performance and governance** – our organisational structure reflects the importance of taking ownership of our

governance arrangements, keeping them simple but effective. We recognise our responsibility for ensuring that we make the right decisions for best value affordable care and that these responsibilities are conducted in an open, honest and transparent way that instills confidence in our peers, stakeholders and communities

2.4. Our vision, values and principles demonstrate to our local population, staff and partners that we are an open, transparent and responsive organisation and that we will:

- identify how people would like to get involved and what skills and support they need
- develop and implement mechanisms that will enable us to gather a wide range of views
- proactively engage with patients, public and communities whose views are often under-represented
- make use of available information to make robust and informed decisions about the commissioning and delivery of local health services

2.5. Our Equality and Diversity Plan supports our vision, values and principles by providing a coherent strategic framework that has the following aims:

- **to eliminate unlawful discrimination, harassment and victimisation** by ensuring our clinical leaders and staff are confident and feel equipped and supported to challenge discriminatory and prejudicial behaviour
- **to ensure advancement of equality of opportunity between different groups** by reducing health inequalities within and across across groups with protected characteristics based on a robust analysis of equality information and evidence
- **to foster good relationships** by engaging effectively with local communities and our membership especially against those groups who have historically been the least heard and continuing improvements in access to, experience of and outcomes from primary health care services amongst those communities

and measurable outcomes:

- providing clarity on the leadership, capacity and capabilities clinical leaders and staff need for equality and diversity
- generating ownership of the equality objectives and actions through consultation, membership growth and on-going improvements in the evidence base for equality
- identifying the appropriate relationships and networks required to support the objectives and associated delivery plan.

### 3. National Drivers

#### 3.1. Health and Social Care Act 2012

- 3.1.1 The Health and Social Care Act 2012<sup>5</sup> states that 'each commissioning group must, in the exercise of its functions have the regard to the need to:
- reduce inequalities between patients with respect to their ability to access health services
  - reduce inequalities between patients with respect to the outcomes achieved for them by provision of health services
  - promote the involvement of patients and their carers in decisions about provision of the health services to them
  - enable patients to make choices with respect to aspects of health services provided to them'

### **3.2 Equality Act 2010**

- 3.2.1 The Equality Act 2010 replaces previous anti-discrimination laws with a single Act and set out national principles, which will be followed in Eastern Cheshire, to ensure the successful delivery of world class health and social care services, namely:
- to involve and empower people
  - to target different communities through effective partnerships
  - to ensure excellence in our health and social care services
  - to become a high performance, high reputation organisation through partnership working
- 3.2.2. The Equality Act simplified the law removing inconsistencies and making it easier for people to understand and comply with, as well as strengthening the law to help tackle discrimination and inequality.
- 3.2.3. Section 149 of the Equality Act sets out the **Equality Duty** - a duty on public bodies and others carrying out public functions. It ensures that public bodies consider the needs of all individuals in their day-to-day work – in shaping policy, in delivering services, and in relation to their own employees.
- 3.2.4. The Equality Duty supports good decision making – it encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.
- 3.2.5. The Equality Duty replaces the three previous public sector equality duties – for race, disability and gender. It covers the following protected characteristics:
- age
  - disability
  - gender reassignment
  - marriage and civil partnership
  - pregnancy and maternity
  - race – this includes ethnic or national origins, colour or nationality

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<sup>5</sup> [Health and Social Care Act 2012](#)

- religion or belief – this includes lack of belief
  - sex (male or female)
  - sexual orientation
- 3.2.6. The Equality Duty has three aims. It requires public bodies to have *due regard* to the need to:
- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
  - advance equality of opportunity between people who share a protected characteristic and people who do not share it
  - foster good relations between people who share a protected characteristic and people who do not share it
- 3.2.7. Having “*due regard*” means consciously thinking about the three aims of the Equality duty as part of the process of decision making. This means that consideration of equality issues must influence how our decisions are reached on how services are commissioned.
- 3.2.8. The Equality Duty is supported by specific duties which require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty and to set themselves specific, measurable equality objectives. Publishing this information makes public bodies transparent about their decision-making processes and accountable to their service users. It allows the public to have the information they need to hold public bodies to account for their performance on equality.
- 3.2.9. Under the Public Sector Equality Duty (PSED), as a CCG we are responsible for:
- setting equality objectives every four years
  - publishing equality data (patient data, workforce data) annually
  - ensuring all providers complete the Equality Delivery System (EDS2) assessment and that EDS2 is mandated in contracts
  - undertaking equality analyses (Equality Impact & Risk Assessments)
  - ensuring the corporate website includes a prominent section on Equality and Diversity and is fully accessible

#### **4. Enabling documents**

##### **4.1. CCG Five Year Strategic Plan 2014/15 – 2018/19**

In pursuit of realising our organisational vision, we have produced a five year strategic plan which articulates various organisational objectives and ambitions. The plan establishes the framework by which the CCG can prioritise activities, coordinate resources and measure success. Equality, diversity and human rights considerations are paramount throughout the delivery of the plan.

##### **4.2. Communications and Engagement Strategy**

This is a key document that supports our approach to equality and diversity. It sets out our approach to effectively communicating and engaging with all our stakeholders throughout the commissioning cycle. The strategy ensures that we will facilitate the inclusion of our patients, carers, public, communities,

staff and partners in the further development of the organisation, our plans and activities to deliver our vision.

4.3. **Caring Together: A Five Year Forward View (February 2015)**

This document sets out the case for transformation of local health and care services in order to make them sustainable for the future and ensure they are meeting the needs of our population. As the Caring Together programme enters a crucial phase in its five-year plan, equalities and diversity considerations will play a major role in determining the viability of various models of care for local services.

4.4. **Annual operational plan (Plan on a Page)**

The CCG publishes an operational plan annually which articulates the key programmes of work for that particular year. The plan links back to the Five Year Strategic Plan of the organisation and ultimately helps to deliver the vision and strategic objectives.

**5. Equality Delivery System (EDS2)**

5.1. NHS England has developed the Equality Delivery System (EDS2) toolkit. This helps NHS commissioners and providers deliver better outcomes for patients and communities. It also helps staff in NHS organisations understand how equality can drive improvements and strengthen the accountability of services to patients and the public.

5.2. At the heart of the EDS2 is a set of 18 outcomes grouped into four goals known as the EDS Outcomes Framework. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. The four EDS2 goals are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

5.3. The outcomes in full within the goals (or a selection of them) are assessed annually and graded as per the following categories:

- **Undeveloped** if there is no evidence one way or another for how a protected group of people fares, or if evidence shows that the majority of people in only two or fewer protected groups fare well
- **Developing** if evidence shows that the majority of people in three to five protected groups fare well
- **Achieving** if evidence shows that the majority of people in six to eight protected groups fare well
- **Excelling** if evidence shows that the majority of people in all nine protected groups fare well.

5.4. It is worth noting that while the EDS2 tool is mandated for commissioning and provider organisations, not all 18 outcomes contained within it are directly

applicable to CCGs. Therefore in advance of the assessment each year, a number of relevant outcomes are identified to be assessed (usually a minimum of six). Expert advice and support is sought from the Equality and Inclusion Unit in Midlands and Lancashire Commissioning Support Unit (MLCSU) for identifying the outcomes.

- 5.5. The core component of the EDS2 is engagement with stakeholders, service users, staff and local communities. It is people from these local interest groups that contribute to the grading and decide how well the organisation is performing.
- 5.6. In light of the inclusion of EDS2 in the NHS Standard Contract and in the CCG Assurance Framework, all NHS organisations are mandated to use the EDS2 summary report template to produce and publish a summary of their EDS2 implementation.
- 5.7. We are committed to undertaking the EDS2 assessment annually while also ensuring that local providers are also meeting their contractual obligations by completing the EDS2. A summary report from each EDS2 assessment completed by the CCG will be uploaded to the website<sup>6</sup> as is required and shared with key stakeholders on request. Results from providers' EDS2 assessments will be included in the CCG's Annual Report & Accounts.

## 6. Equality objectives

- 6.1. In order to meet the PSED, CCGs are required to publish equality objectives every four years. Our objectives were most recently refreshed in 2015 and endorsed by the CCG Governing Body in January 2016. They are to:
  - improve commissioner understanding of the populations we serve
  - ensure accessibility to services and information
  - demonstrate a commitment to Equality and Diversity through training and development at all levels of the organisation
  - ensure equality of opportunity in employment and training provision.
- 6.2. In addition to the locally developed equality objectives, we also work towards achieving the 18 outcomes (split in to four goals) in EDS2.
- 6.3. In order to meet the local objectives and achieve the EDS2 outcomes, a two-year EDS2 action plan (Appendix A1) has been developed which will be reviewed on a regularly by the Equalities and Diversity Delivery and Assurance Group.

## 7. Ensuring 'due regard' for equality and diversity

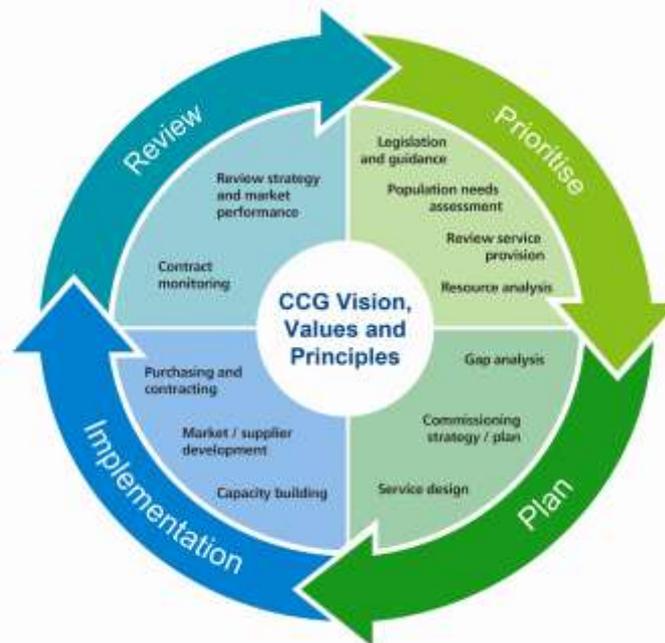
- 7.1. A new internal committee will be launched in April 2017 in an effort to keep equality and diversity considerations front and centre in the organisation. The **Equalities and Diversity Delivery and Assurance Group** will comprise

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<sup>6</sup> [NHS Eastern Cheshire CCG EDS2](#)

representatives from across the CCG's teams and will also include the Head of Corporate Services, Governing Body Lead for Equalities, Equalities and Inclusion Business Partner from NHS Midlands and Lancashire CSU (MLCSU) and Healthwatch Cheshire East.

- 7.2. The group will oversee the development and implementation of the CCG's equality and diversity action plan, advise colleagues in the course of equality analysis, specifically Equality Impact and Risk Assessments (EIRA) and assure the Executive Committee that the CCG is meeting its mandated duties.
- 7.3. The CCG will ensure that equality and diversity is embedded within our approach to redesigning and commissioning health and care services for our population. In this regard, we will pay particular attention to the needs of those with protected characteristics to ensure they are neither disadvantaged nor discriminated against throughout the commissioning cycle, as illustrated below:



- 7.4. Commissioning managers will continue to be supported in identifying and recording information detailing the impact of any project or proposal on protected characteristic groups through the EI&RA process. In this regard the CCG uses a tool developed by MLCSU and benefits from support provided by it to complete the assessments.
- 7.5. All papers and reports presented at Governing Body meetings, will continue to be required to assess and highlight equality and diversity impacts and considerations including health inequalities, to ensure that we are meeting our statutory duties
- 7.6. The CCG is committed to ensuring that we have a diverse workforce by providing fair and equal access to jobs, career development and training opportunities for existing and future staff. To do this we aim to recruit the best

talent that we can and remove any barriers to ensure that we have the widest possible pool of talent to draw from.

- 7.7. The CCG will also ensure that all staff, upon commencement of their employment and as part of their induction undertake statutory equality and diversity training which will be refreshed every two years. Staff will also be made aware of the equality and diversity action plan and the organisation's responsibilities under the PSED.
- 7.8. The CCG is committed to making sure equality and diversity is a priority when we plan and commission local healthcare. To do this we will continue to work closely with our communities to understand their needs and how best to commission the most appropriate services to meet those needs.
- 7.9. We will also ensure in the development of key strategies, commissioning intentions, corporate communications and other documentation that the experience and skills of our communities are taken in to account. This may be facilitated by ongoing engagement with Eastern Cheshire HealthVoice as the CCG's patient and public advisory group, Patient Participation Groups, statutory organisations such as Healthwatch Cheshire, voluntary, community and faith sector organisations, specific focus groups and individual patient representatives.
- 7.10. Through membership of the Cheshire East Health and Wellbeing Board<sup>7</sup> and our duty to co-produce the Cheshire East Joint Strategic Needs Assessment<sup>8</sup> and Cheshire East Joint Health and Wellbeing Strategy<sup>9</sup>, we will work with partners to reduce health inequalities amongst individuals or communities with protected characteristics in Eastern Cheshire.
- 7.11. The Corporate Team, specifically Head of Corporate Services supported by the Engagement and Involvement Manager, will also oversee the relationship with the MLCSU and other support services which will be contracted to provide support to the CCG to meet our equality and diversity duties and requirements.

## **8. Governance**

- 8.1. The Corporate Team (primarily Head of Corporate Services supported by the Engagement and Involvement Manager) is responsible for driving the equalities agenda within the organisation. The Head of Corporate Services is the Executive Lead for equalities and diversity in the organisation and is responsible for keeping the Executive Committee and Governing Body updated on compliance with the PSED.
- 8.2. A Lay Member for Patient and Public Involvement on the CCG Governing Body also champions the equality and diversity agenda as Governing Body Lead for equalities.

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<sup>7</sup> [Cheshire East Health and Wellbeing Board](#)

<sup>8</sup> [Cheshire East Joint Strategic Needs Assessment](#)

<sup>9</sup> [Cheshire East Joint Health and Wellbeing Strategy](#)

- 8.3. The new Equality and Diversity Delivery and Assurance Group will offer a further level of governance for the equalities agenda once it becomes operational in April 2017. The Terms of Reference for this group is contained within **Appendix B**.

## **9. Conclusion**

- 9.1. This Equality and Diversity Plan has sought to reaffirm our commitment as an organisation to meet our requirements under the PSED, address health inequalities in Eastern Cheshire and maintain a fair and equal work environment for our staff.
- 9.2. We will continue to pay due regard to the needs of those with protected characteristics and other disadvantaged groups in order to ensure that we develop and commission services for all in Eastern Cheshire.
- 9.3. This Plan will be reviewed in March 2019 to coincide with a review of the equality objectives.

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## NHS Eastern Cheshire CCG Equality Delivery System 2 Action Plan 2017-18

This action plan was developed following the 2016-17 EDS2 assessment. The CCG’s Equalities & Diversity Delivery and Assurance Group will regularly monitor and update the plan.

**CCG Equality objectives:**

- i. Improve commissioner understanding of the populations we serve
- ii. Ensure accessibility to services and information
- iii. Demonstrate a commitment to Equality and Diversity through training and development at all levels of the organisation
- iv. Ensure equality of opportunity in employment and training provision

**Goal 1: Better Health Outcomes**

Outcome	2016/17 Grade	Action for 2017-19	Owner/Lead	Timescale	Progress
1.1 Services are commissioned, designed and procured to meet the health needs of local communities.	Developing	1. Improve patient representation from all Eastern Cheshire communities through the commissioning process – particularly underserved groups  2. Involvement in service redesign and procurement is a central part of the business case process. Ensure involvement is planned and this is clearly documented  3. Refresh CCG strategic plan to reflect latest population and outcomes information	Usman Nawaz  Clinical projects managers?  Neil Evans		

Outcome	2016/17 Grade	Action for 2017-19	Owner/Lead	Timescale	Progress
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Not assessed	TBC			
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	Not assessed	TBC			
1.4 When people use the NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Developing	<ol style="list-style-type: none"> <li>1. Explore options around developing a Black and minority ethnic network group for care home staff – to support them in their roles</li> <li>2. Work with 'silver rainbows' to support care within care homes</li> <li>3. Undertake patient engagement during quality visits to Learning Disability and Mental Health facilities.</li> <li>4. Explore potential for development of a suitcase that supports Black and minority ethnic residents with dementia via the <a href="http://www.liverpoolmuseums.org.uk/learning/projects/house-of-memories/">http://www.liverpoolmuseums.org.uk/learning/projects/house-of-memories/</a></li> </ol>	<p>Julia Curtis</p> <p>Sally Rogers</p>		
1.5 Screening, vaccination and other health promotion	Developing	<ol style="list-style-type: none"> <li>1. Prominently promote commitment to providing all public-facing documents in alternative formats on request. Formats include large print, braille, audio, foreign languages, easy read.</li> </ol>	Communications & engagement team		

Outcome	2016/17 Grade	Action for 2017-19	Owner/Lead	Timescale	Progress
services reach and benefit all local communities.		2. Secure Crystal Mark from Plain English Campaign for all public-facing engagement or consultation materials published in 2017-18.  3. Improve communications outreach into protected characteristic groups (particularly disability, BME and LGBT)			

**Goal 2: Improved patient access and experience**

Outcome	2016/17 Grade	Action for 2017-19	Owner/Lead	Timescale	Progress
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving	1. Incorporate recent NHS England updates re equalities into contracts e.g. Accessible Information Standard  2. Work with providers (particularly private organisations) proactively to ensure they have a clear understanding of E & D requirements  3. Consider the inclusion of specific requirements in contracts around increasing LGBT access to information and services	Contracts team		
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	Not assessed	TBC			

Outcome	2016/17 Grade	Action for 2017-19	Owner/Lead	Timescale	Progress
2.3 People report positive experiences of the NHS.	Achieving	<ol style="list-style-type: none"> <li>1. The Complaints, Concerns and Compliments Team will continue to work with Healthwatch to ensure that the widest range of views of our patient population are gathered and heard by the CCG.</li> <li>2. Better understand the experiences of protected characteristic and disadvantaged groups in accessing GP and other services</li> </ol>	<p>Rosie Kendrew</p> <p>?</p>		
2.4 People's complaints about services are handled respectfully and efficiently.	Achieving	<ol style="list-style-type: none"> <li>1. The Complaints, Concerns and Compliments Team will <ul style="list-style-type: none"> <li>• Continue to focus on removing any barriers that individuals may face when raising concerns about their experiences. To support this, the Complaints, Concerns and Compliments Team will explore adding an optional equality monitoring section to the consent form complainants return to allow an investigation into a complaint to take place. This will support the team in removing barriers for complainants by allowing for early identification and knowledge of any reasonable adjustments that may be required in the course of the complaints investigation. Collecting this information will also enable the CCG to identify and monitor any themes or trends related to protected characteristics from the complaints the CCG receives.</li> </ul> </li> <li>2. The Complaints, Concerns and Compliments Team will look to develop relationships with representatives from protected characteristic groups that may attend Healthvoice to ensure The Complaints, Concerns and Compliments Team are doing all they can to ensure people's complaints are handled</li> </ol>	Rosie Kendrew		

Outcome	2016/17 Grade	Action for 2017-19	Owner/Lead	Timescale	Progress
		respectfully and efficiently.			

**Goal 3: A representative and supported workforce**

Outcome	2016/17 Grade	Action for 2017-19	Owner/Lead	Timescale	Progress
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Not assessed	TBC			
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Not assessed	TBC			
3.3 Training and development opportunities	Not assessed	TBC			

Outcome	2016/17 Grade	Action for 2017-19	Owner/Lead	Timescale	Progress
are taken up and positively evaluated by all staff					
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Not assessed	TBC			
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Not assessed				
3.6 Staff report positive experiences of their membership of the workforce	Not assessed				

**Goal 4: Inclusive leadership**

Outcome	2016/17 Grade	Action for 2017-18	Owner/Lead	Timescale	Progress
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Not assessed	TBC			
4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Not assessed				
4.3 Middle managers and other line	Not assessed	TBC			

managers support their staff to work in culturally competent ways within a work environment free from discrimination					
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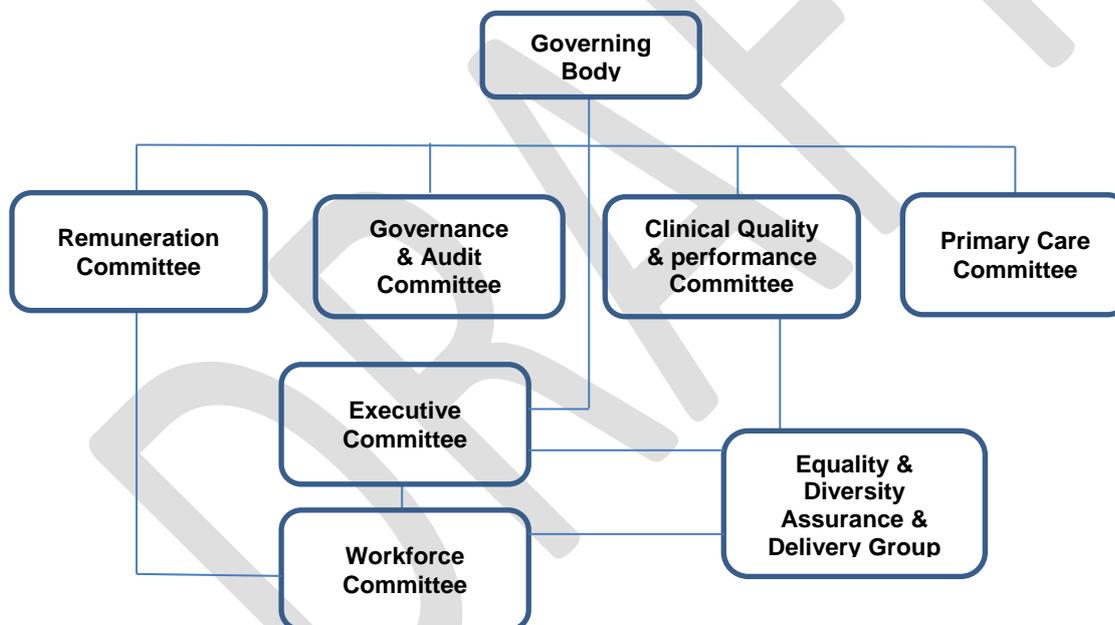
## NHS Eastern Cheshire CCG Equalities and Diversity Assurance and Delivery Group

### Terms of Reference

March 2017

#### 1. Introduction

- 1.1 The Clinical Commissioning Group has established the Equalities and Diversity Assurance and Delivery Group (EDADG) reporting to the Governing Body via the CCG Clinical Quality and Performance Committee, CCG Executive Committee and CCG Workforce Committee.
- 1.2 The Group is established in accordance with NHS Eastern Cheshire CCGs Constitution, Standing Orders and Scheme of Delegation.
- 1.3 These terms of reference set out the membership, remit and responsibilities of the group.



#### 2. Authority

- 2.1 The Group is authorised to establish and maintain systems to manage and oversee the implementation of a strategic vision for equality, diversity and human rights across all CCG healthcare commissioning and contracting decisions.
- 2.2 The Group will commission, where appropriate, any reports or surveys it deems necessary to assist in discharging its obligations.

#### 3. Purpose

- 3.1 Through the framework of the Equality and Delivery System 2 (EDS2) ensure that the CCG meets the general and specific statutory duties under the Equality Act 2010 and Public Sector Equality Duty 2011 across all commissioning decisions, contracting, communications and engagement, and workforce, and that equality, diversity and human rights are actively promoted, communicated and managed for the workforce of and population of NHS Eastern Cheshire CCG.

- 3.2 This group brings together all Equalities and Diversity related work and responsibilities for the CCG, and operates both as an assurance group and an operational delivery group.

#### **4. Remit and Responsibilities**

##### **4.1** The Group exists:

- to ensure NHS Eastern Cheshire CCG is fulfilling its statutory duties for quality and diversity, particularly Public Sector Equality Duty 2011, Equality Act 2010 and Workforce Race Equality Standard through the implementation of EDS2
- to ensure the CCG's Equality and Diversity Plan and EDS2 Action Plan is implemented and monitored as required, ensuring an annual review is developed
- to lead the collection and provision of evidence that supports a robust and comprehensive commissioner response to EDS2, developing and overseeing implementation of any actions plans to incrementally improve the CCGs performance against EDS2
- to provide support and assurance to the Governing Body that the CCG meets its duties and responsibilities in respect of the NHS Workforce Race Equality Standard
- to provide assurance that equality and diversity sits at the heart of everything that NHS Eastern Cheshire CCG does and ensuring that all commissioned service are delivered in a fair and non-discriminatory manner
- to ensure that the principles of equality are integral to the performance monitoring arrangements of all services commissioned by the CCG and are embedded within the engagement, consultation, service development, redesign and evaluation of services
- to ensure that the principles of equality are integral to organisational and workforce development for the CCG
- to promote a culture of continuous improvement with regards to equality and diversity across the breadth of Eastern Cheshire
- to ensure that all service development and redesign, evaluation of services and decommissioning of services are subject to an Equality Impact and Risk Assessment which follows the agreed organisational process
- to approve all Equality Impact and Risk Assessments prior to their publication on the EC CCG website
- to review the sign-off process for Equality Impact and Risk Assessments annually to ensure it remains relevant
- to ensure that the Patient, public and Carer engagement and communication work utilises every opportunity to involve groups across the nine protected characteristics to maximise the input of these users experiences to inform effective commissioning and monitoring of services
- to review the CCGs Assurance Framework and Risk Register at each meeting and provide comment from an equality and diversity perspective.
- to advise and influence decisions on allocation of appropriate resources are made available to deliver the organisation's corporate equalities, diversity and human rights agenda.
- build and maintain links with local community and external organisations to enable sharing and learning from best practice.

#### **5. Membership**

##### **5.1** The membership of the Group will be:

- Head of Corporate Services (Exec lead for E & D)
- Lay Member for Patient and Public Involvement (Governing Body lead for Equalities)
- One member from each of the following:

- Clinical Projects team
  - Transformation team
  - Programme Management Office
  - Complaints, Compliments and FOI team
  - Communications and Engagement Team
  - Quality team
  - Contracts team
- 5.2 In attendance:
- Equalities and Inclusion Business Partner (CSU)
  - HR Business Manager (CSU)
  - Healthwatch representative
- 5.3 Membership will be reviewed regularly as required by the Group to enable it to discharge its duty. The Committee may co-opt expert members as necessary with the agreement of the Chair.
- 5.4 Deputies will be permitted in agreement with the Chair.
- 6. Administration**
- 6.1 Administrative support for the group will be provided by the Corporate Team.
- 6.2 Agenda items and necessary papers to be received by Head of Corporate Services 2 weeks before meeting\*\*
- 6.3 Agenda to be issued 1 week before meeting\*\*
- 6.4 Minutes/actions to be issued within a week of the meeting\*\*
- \*\* these timescales may be adjusted in accordance with the frequency of the meeting
- 7. Reporting Arrangements**
- 7.1 The minutes of the Group will be formally recorded and submitted to the Executive Committee and Clinical Quality and Performance Committee.
- 8. Quorum**
- 8.1 A minimum of three members will constitute a quorum.
- 9. Frequency**
- 9.1 Meetings will take place bi-monthly
- 9.2 Additional meetings may be held by agreement between members of group.
- 10. Review of Terms of Reference**
- 10.1 These terms of reference will be subject to on-going review as the equalities, diversity and human rights agenda continually develops. A formal review will take place in January 2018.

## Approval

Terms of Reference were approved on - - - - and will be reviewed on - - - -

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